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UCSF Newsbreak

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UCSF committee presents interim report

Patients' consent on WWII radiation tests unclear

By BILL GORDON

After a year-long investigation into the circumstances under which three UCSF patients received plutonium injections around the time of World War II, allegedly as part of a classified federal research program, a UCSF committee concluded that it cannot be determined whether the patients understood or agreed to the radiation exposure they received, but that the researchers took reasonable steps to protect the patients from harm.

The committee, chaired by Roy A. Filly, professor of radiology and ob/gyn and reproductive sciences, determined that the ethical standards of both the era and today call for explaining risks and obtaining consent from volunteer subjects in medical experiments.

In January 1994, Chancellor Joseph B. Martin appointed the Ad Hoc Fact-Finding Committee on World War II Era Human Radiation Experiments, made up of faculty members, administrators, and a community representative. Their charge: to investigate media reports concerning the use of human subjects in a secret World War II research project sponsored by the Manhattan Engineer District (MED), the federal agency responsible for the production of atomic weapons.

Between April 1945 and July 1947, three patients at UCSF and 15 patients at two other university hospitals were injected with plutonium. It is alleged that the injections occurred as part of an effort to determine the excretion rate of the radioactive substance so safety standards could be established for people who would handle the material in atomic bomb development and production.

The committee divided its work between a science subcommittee chaired by Michael J. Banda, professor and chair of the UCSF Radiation Safety Committee, and an ethics subcommittee chaired by Bernard Lo, professor of medicine and director of the UCSF Program in Medical Ethics.

The committee report describes three allegations made in news accounts especially relevant to UCSF — that patients were neither informed nor aware of their participation in the experiments, that patients received "lethal" doses of plutonium, and that the plutonium experiment was comparable to research performed in Nazi death camps.

The committee reviewed hundreds of documents, many of which were previously classified, including patient histories, laboratory notebooks, government documents, and memos and notes from researchers.

Plutonium patients may not have been part of MED-sponsored research

Records indicate that UCSF scientists injected three patients with plutonium during the period in question. The first injection of plutonium into a California subject occurred on May 14, 1945, two months before the first test of an atomic weapon and more than three months before the use of atomic weapons on Hiroshima and Nagasaki.

It previously has been assumed that the three UCSF patients who received plutonium injections and possibly a fourth patient injected with americium, another radioactive

(See **RADIATION** *on page 2)*

Search begins for new UC president

Regent Roy T. Brophy has been appointed to head a search committee to find a successor for UC President Jack W. Peltason, who plans to retire effective October 1. The committee also includes Regents Meredith J. Khachigian (vice chair), Dean A. Watkins, Tirso del Junco and Leo J. Kolligian; Regent-Designate David Flinn; student Regent Terrence Wooten and ex officio Regents Governor Wilson and Howard H. Leach, board chair.

Peltason assumed the presidency during one of the most difficult times for the University, as it was saddled with severe budget cuts and public concern about executive compensation. A former UC Irvine chancellor, he leaves the UC presidency with the feeling that the job he was hired to do is essentially complete.

The latest on stroke therapy from UCSF

By ALLEN J. BALDERSON

This year, 500,000 Americans will suffer a stroke, making it the third most common cause of death in this country and the second most common cause of death in women. Stroke often leaves its survivors with serious disabilities due to permanent brain damage.

Stroke, or "brain attack" results from an interruption of blood flow to a part of the brain caused by either a blocked or ruptured blood vessel. When this happens, the blood vessel is no longer able to bring oxygen and nutrients to the part of the brain it supplies. If the blockage lasts too long, this part of the brain may die. There are several possible symptoms of stroke depending on which part of the brain is injured. If the blockage lasts for only a few minutes, the symptoms come and go. This is called a transient ischemic attack or TIA. If they come and stay, it is called a stroke.

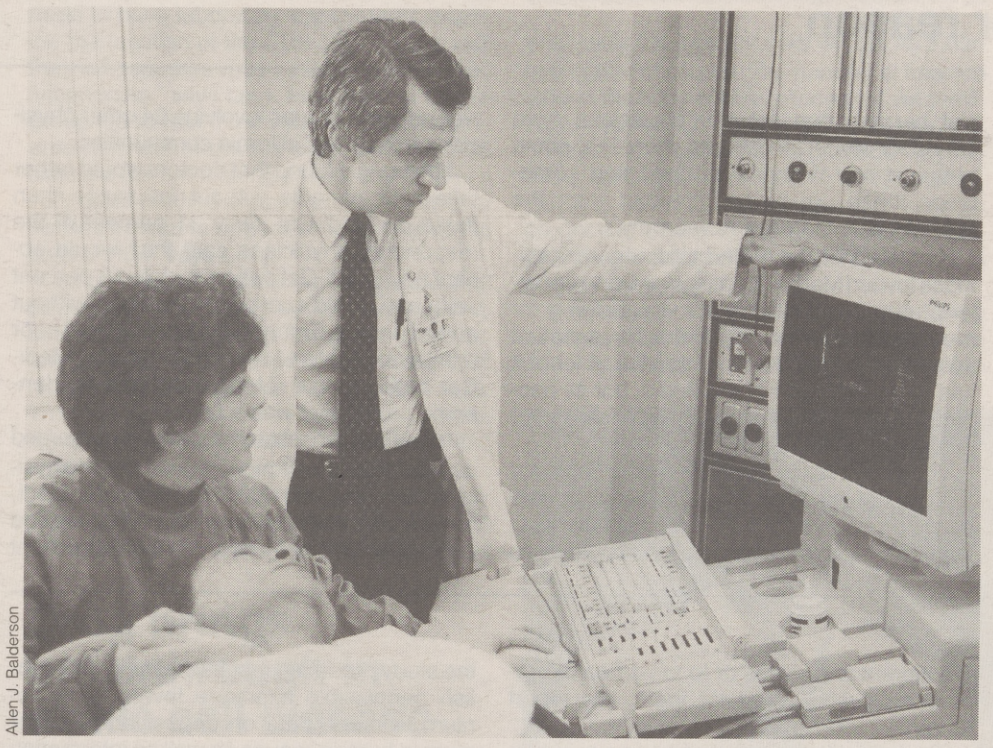
There are many causes of stroke, including narrowing of brain blood vessels from atherosclerosis (the same disease that causes heart attacks), debris that detaches from the heart or carotid arteries and lodges in a brain vessel, or when a vessel breaks open causing a brain hemorrhage.

But now, thanks to new research and treatment, many forms of stroke are preventable and treatable. A surge of knowledge of how stroke damages brain cells has suggested new ways to treat patients in the critical first hours.

New Stroke Service opens

With the goal of providing the best possible care to stroke patients, UCSF has created a new Stroke Service, directed by neurologist Daryl R. Gress. The service not only emphasizes acute treatment, but also diagnostic testing of patients at high risk for stroke, as well as rehabilitation of those who have suffered a stroke. The service draws on the expertise of neurologists, neurosurgeons, vascular surgeons and neurointerventional radiologists.

UCSF neurologists have been leaders in developing new treatments that aim to prevent oxygen-deprived cells from dying. These novel treatments — ranging from anti-oxidant enzymes and carbon dioxide gas to the slight decrease of body temperature — mostly are based on blocking the toxic flood of calcium that swamps cells during trauma and stroke.



Allen J. Balderson

Using ultrasound, vascular technician Sue Zetlin, left, and Daryl Gress examine the vascular flow to the brain of Angela Lezcano of San Francisco. Lezcano has a condition known as amaurosis fugax, which is causing intermittent blindness in her left eye, a warning sign of stroke.

Promising drug trials

UCSF also is participating in trials to test the effectiveness of certain drugs to unblock the blood vessels that cause strokes. Such drugs already are being used for heart attack victims. One such study involves the drug prourokinase — a modified form of a naturally occurring enzyme that dissolves clots. UCSF is one of 30 medical centers in North America and one of the few sites on the West Coast participating in the trial.

Patients with symptoms of acute cerebral artery stroke admitted to UCSF are being screened for entry into the study. Those who are admitted within six hours after the onset of stroke symptoms, and who meet other study criteria are eligible to participate.

Are you at risk for stroke?

If you have diabetes, high blood pressure, heart disease or elevated blood cholesterol, or if you smoke, drink alcohol excessively or are obese, you may be at risk. Age also is a factor. More than 70 percent of stroke victims are ages 65 or older, and the risk of stroke doubles for every decade over age 55.

Some risk factors are silent. Narrowing of the carotid arteries — major blood vessels in the neck that carry blood to the brain — may put you at substantial risk without any symptoms. Removing this blockage can reduce stroke risk by as much as 50 percent. Abnormal heart rhythms, especially atrial fibrillation, also may cause stroke. Certain medications are very effective in preventing stroke from these abnormal heart rhythms.

Most people don't know the signs of stroke, and by the time they seek help, sometimes it's too late to prevent serious brain damage. If you experience sudden weakness; numbness of the face, arm and leg on one side of the body; loss of speech, or trouble talking or understanding speech; unexplained dizziness; blurred or double vision; unsteadiness; temporary loss of vision in one eye; or sudden, severe headaches, you could be having a stroke, and should call 911 or your doctor immediately. If you have had a TIA or you have other stroke risk factors, talk with your doctor or the UCSF Stroke Service at 476-7489 to learn how to reduce your risks.

Neurology department extends service to Marin

The Department of Neurology has extended neurology outpatient services for patients with

(See **STROKE** *on page 2)*

Free program on stroke, March 18

On Saturday, March 18, from 8:30 a.m. to 12:30 p.m. there will be a free program on stroke. You must reserve space in advance by calling 750-4109 by Friday, March 10. The program is co-sponsored by the UCSF Stroke Service and the UCSF/Mount Zion Center on Aging.

Martin, Kerr take their funding case to Washington, DC

By LISA CISNEROS

A coalition of the nation's top medical college officials went to Capitol Hill Feb. 14 in an attempt to convince Congressional leaders to keep federal funding for education and research at its current levels.

UCSF's Chancellor Joseph Martin and Bill Kerr, director of the Medical Center, were among representatives from academic medicine who went to Washington, DC to advocate for continued financial support at a time when Republicans and Democrats alike have identified federal spending cuts as a major goal of the 104th Congress.

"Although additional proposals adverse to medical schools and teaching hospitals are likely to surface, the most immediate threats for major reductions are: the Medicare indirect medical education (IME) adjustment and the indirect costs (IDC) for federally funded research," wrote Jordan Cohen, president of the Association of American Medical Colleges and Roger Bulger, president of the Association of American Health Centers, in a letter calling on college officials to speak out against the proposed cuts.

(See **FUNDING** *on page 7)*

Doctor reflects on discrimination

By LISA CISNEROS

Rodgers

When Denise Rodgers, chief of Family and Community Medicine at SFGH, talks about racism in America, she speaks from experience.

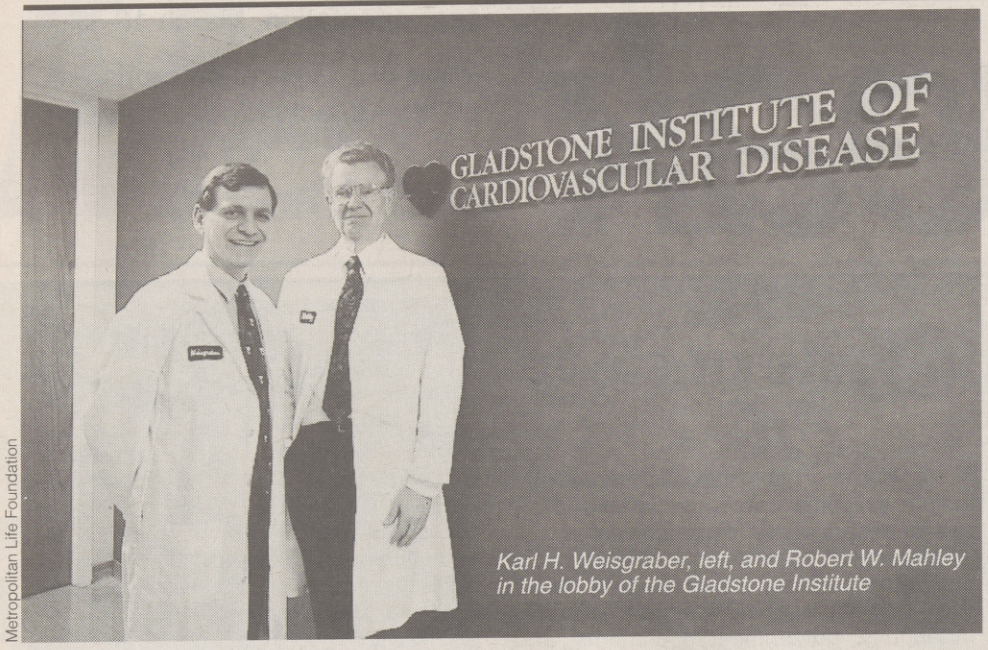
Called a "nigger" at the tender age of five by a group of white teens who drove by her Flint, Mich. home and stole her Hula Hoop, Rodgers recounted several episodes of racism in her personal and professional life at a recent Brown Bag Lecture, one of several events held at UCSF to observe Black Heritage Month.

Rodgers feared for her safety at age 16 after the Klu Klux Klan burned a cross behind her school in North Carolina the night Martin Luther King Jr. was assassinated. She also was discriminated against as a resident at a New York hospital where a woman refused to be treated by her. "I got the sense that this woman would rather die than be treated by a black resident," she recalled.

"Today, in San Francisco I experience racism in more subtle ways, but I'm sorry to say

(See **DISCRIMINATION** *on page 6)*

Gazette



Metropolitan Life Foundation

Karl H. Weisgraber, left, and Robert W. Mahley in the lobby of the Gladstone Institute

Gladstone researchers honored by Metropolitan Life for Alzheimer's research

Two researchers from the Gladstone Institute of Cardiovascular Disease have been honored by the Metropolitan Life Foundation for their research in the field of Alzheimer's disease. Robert W. Mahley, director of the Gladstone Institute, and Karl H. Weisgraber, Gladstone senior scientist, received their awards on Feb. 15 at ceremonies in Washington, DC.

The Metropolitan Life Foundation award of $125,000 to each researcher is given to individuals who have made significant contributions to scientific research and who are seeking strategies to fight Alzheimer's disease.

Mahley and Weisgraber are being recognized for more than 20 years of research into the identification and function of a protein called apolipoprotein E (apo-E) that has been found to have a critical effect on cholesterol metabolism and, more recently, on the pathogenesis of Alzheimer's disease.

Zimmerman wins academic medicine spot

Second-year medical student Michael Zimmerman has won a fellowship from the Fellowship Program in Academic Medicine sponsored by National Medical Fellowships, Inc. and Bristol-Myers Squibb. He will receive $6,000 to continue a research project he began at the National Cancer Institute in Bethesda, and brought to UCSF through the Summer Research Fellowship Program. The project, which Zimmerman is pursuing under the guidance of Marc Shuman, professor, medicine, focuses on how important the vitronectin receptor is to angiogenesis (the formation of new blood vessels).

Zimmerman, one of 35 students out of 450 across the country to receive fellowships, was chosen for the quality of his project and his committment to a career in academic medicine.

Allen J. Balderson

Michael Zimmerman

Service awards go to dentistry staff

Seventeen staff members in the School of Dentistry Clinics and Administration unit received outstanding employee awards at a staff appreciation lunch recently. The awards, which are part of the unit's staff incentive program, were given to employees with outstanding service records in the six months prior to the awards luncheon.

The employees receiving awards were: Monika Avdeef, Mary Brundidge, Bertha Diaz, Danelia Hernandez, Jeannette Gonzales, Noly Gragera, Maribeth Mastrianni, Alfredo Mijango, Mara O'Leary, Maribel Samaguey, Lynn Tomioka-Glapion, Esperanza Urista and Mary Walsh.

In Memoriam

Stephen G. Mehalko: A lecturer in medicine and and clinical instructor in epidemiology and biostatistics, he served as an attending physician at the SFGH outpatient AIDS clinic. Beginning in 1981 Mehalko not only devoted much of his professional attention to all aspects of the epidemic, but also worked hard to spur community involvement. He was the first medical professional on the Shanti Board of Directors, was one of the founders of the Bay Area Community Consortium of AIDS Providers and a founder of Bay Area Physicians for Human Rights. As a clinical scientist, Mehalko investigated new AIDS therapies: he was the first US physician to successfully treat CMV retinitis with the drug ganciclovir, which he helped develop with Syntex Pharmaceuticals. A memorial celebration will be held Friday, Feb. 24, at the Gazebo, Davies Medical Center, from 6:30 to 8:30 p.m. Memorial donations may be made to the Hospice by the Bay, 1540 Market St., Suite 350, San Francisco, CA, 94102-6035.

Doctors won't treat Medi-Cal patients; finances not the major reason

By RUTHANN RICHTER

More than two-thirds of California doctors say Medi-Cal patients are ungrateful, difficult, and often ignore their advice. For these reasons and others, besides low fees, primary care physicians will not accept new Medi-Cal patients, according to a UCSF study led by Miriam Komaromy, assistant professor of medicine at SFGH.

In addition to low reimbursement and burdensome paperwork, doctors say they turn Medi-Cal patients away because of difficulties obtaining tests and follow-up care for them and because they believe these low-income patients are more likely to sue, and have complicated psycho-social problems that make them difficult to deal with.

"The study showed that in addition to financial barriers that prevent physicians from caring for Medi-Cal patients, there is a whole range of non-financial barriers, and sometimes these are more important than the financial issues," says Komaromy.

"I was disturbed to find that negative attitudes toward Medi-Cal patients were so prevalent," she says. "I think it's a sad thing for medicine that some physicians have moved away from a philosophy of service. A lot of it has to do with system problems, but as doctors, we need to take some responsibility for the problem," she says.

The study results, published in the February issue of the *Western Journal of Medicine*, are based on a survey of 177 California internists, family physicians and general practitioners, as well as focus groups involving 24 other physicians from four California communities.

The survey found that doctors would rather take new patients without insurance than those on Medi-Cal. Only 31 percent of the responding physicians said they would accept new Medi-Cal patients while 43 percent said they would accept new patients without any insurance. Eighty-eight percent cited poor reimbursement as a reason for refusing Medi-Cal patients and 74 percent said burdensome paperwork was a factor.

In addition, a host of other concerns emerged as obstacles. Sixty-nine percent of the physicians said they did not want to care for Medi-Cal patients because it was too difficult to find specialists to refer them to. Thirty-five percent of the physicians also said obtaining follow-up tests for patients was a problem.

Fifty-seven percent of the physicians in the survey also said they believed Medi-Cal patients were more likely to sue them, though Komaromy said studies have shown that isn't the case.

Radiation *(from page 1)*

substance, were all participants in the MED-sponsored research project. The committee, however, found numerous inconsistencies between the cases of the first UCSF subject compared to the three UCSF subjects that followed. The case of the first UCSF subject and the cases of patients involved in the MED-sponsored experiments at other institutions appear similar, but the committee found numerous differences between those cases and the final three UCSF subjects.

"Substantial indirect evidence exists supporting the hypothesis that [the final three subjects] were part of university-sponsored medical research directed at finding a new treatment for bone cancer and were not participants in the MED-sponsored project to determine human plutonium excretion," the report states.

The committee found the questions surrounding patient consent the most troubling of the major issues.

"We do not know, and cannot know, exactly what was told to the research subjects or what they understood regarding the nature of the radioactive injection or its risks," the report concludes.

"If these patients were not told about the experiment and were not given the opportunity to make a free choice about whether to participate, the committee believes that they were wronged, even though they did not suffer any medical complications from the plutonium injection," the report adds.

The committee found some evidence that the UCSF patients may have been told verbally about the experiment prior to the injections, but it isn't known what they were told. The word plutonium remained classified in the early stages of the study and was not mentioned to patients or to most health professionals who cared for them, the report notes.

The committee noted that it was a common practice of the era to conduct medical research experiments on human beings without signed consent. The lack of signed consent in the records of the experimental subjects was not specifically related to the classified nature of the experiments.

Today, all medical research at UCSF involving human subjects is reviewed and overseen by the UCSF Committee on Human Research in accordance with stringent ethical and safety guidelines in order to better diagnose, prevent, and treat specific human diseases and disorders. The committee is answerable to the National Institutes of Health and is regularly audited by the Food and Drug Administration.

In regard to the allegation that patients received "lethal" doses of plutonium, the committee determined they did not. The amount of plutonium injected into the UCSF patients was too small to pose a significant risk of physical harm, they found.

There is no evidence to suggest patient treatment was compromised by their selection as experimental subjects or that the MED researchers were involved in the diagnosis or in decisions regarding treatment of the patients, the report states.

Similar to Nazi death camp experiments?

In response to allegations comparing the plutonium project to Nazi death camp experiments, the committee found no evidence that the experiment was designed with malevolent intentions. Further, patients were not physically harmed by the experiments, and the study produced results that helped establish permissible exposure levels for plutonium workers, data on deposition of plutonium in human tissues as well as information enabling selection of appropriate animal models for future experiments.

The report notes the committee's concern that only poor and vulnerable people were selected as subjects for the research, citing a historical review concluding that during the 1940s it was common for physicians to ask charity patients to participate in research projects. While research physicians assumed that patients would participate as an implicit exchange for receiving free care, the report found it unethical to require subjects to participate in research to obtain standard medical care.

While the UCSF patients involved in the study all were unable to pay for the full costs of their medical treatment, the same is true of many individuals of that era who required hospitalization and surgery. Few people had health insurance then, the report notes.

Because of the highly secretive nature of the plutonium studies and the public concern raised by the recent news coverage, the committee initially focused on the MED-sponsored study and issued this interim report as soon as sufficient records had been reviewed to answer many of the questions surrounding the study. The committee plans to continue reviewing additional material related to the plutonium experiments.

The committee also plans to begin a review of other early radiation studies carried out at UCSF or by UCSF researchers. Copies of the 35-page interim report are available from Public Affairs at 476-2557.

Stroke *(from page 1)*

stroke, epilepsy and other seizure disorders and for those with nerve and muscle diseases.

The service, part of the UCSF Marin Faculty Practice, offers expertise in the diagnosis and treatment of these neurological disorders. Physicians participating in the new service include Daryl Gress, stroke expert Wade Smith, and Kenneth D. Laxer, director of the Northern California Comprehensive Epilepsy Center. The outpatient service in Marin is open Thursday mornings from 8 a.m. to noon. For further information, call 476-4173 weekdays, 8 a.m. to 5 p.m.

Rebecca Higbee, Leslie Lingaas and Jeffrey Norris contributed to this report.

UCSF *Newsbreak*

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AIDS research focuses on CD8s and the immune system

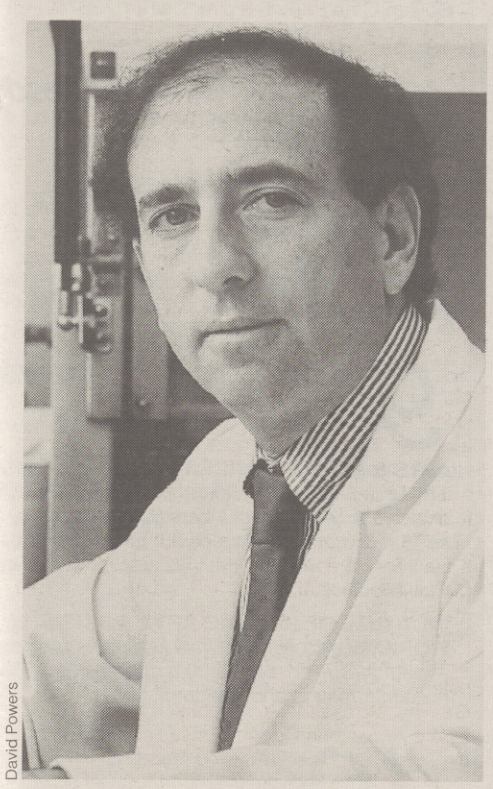
Jay Levy still forging ahead despite years of being ignored by peers

By ALLEN J. BALDERSON

Jay Levy is one of UCSF's many AIDS heroes. He was one of the first researchers in the world to identify the mysterious HIV virus as the cause of AIDS more than a decade ago.

But his studies on long-term survivors of the disease, and how CD8 cells may play an important role, have basically been ignored for years by much of the research community. Yet, he has forged ahead, never wavering from his commitment to his original findings.

Now, though, many of these same researchers are rediscovering Levy's seminal work and in a rash of new journal articles,



David Powers

Jay Levy

giving the UCSF researcher some long overdue acclaim.

To understand Levy's research, a few basics on HIV infection are in order. This diabolical virus mutates each time it multiplies, and is thus able to escape the immune system's ability to destroy it. HIV can infect as many as 100 billion cells in the body, without seemingly affecting a person's health. HIV's main targets are CD4 lymphocytes, a group of white blood cells that help the immune system function. The number of CD4 cells in the blood has been an important parameter for researchers and clinicians alike in measuring the immune system's function. In people not infected with HIV, CD4s measure anywhere from 600 to 1200 cells/ul. When CD4 cell levels drop below 500, there is concern that the disease may be advancing.

CD8 lymphocytes, another component of the immune system, are present in uninfected people at about half the number of CD4 cells. In many diseases, these cells are responsible for attacking and killing virus-infected cells or cancer cells. Levy's work indicates that some CD8 cells, in very low numbers, can block HIV replication in CD4 cells without killing the CD4 cells. This novel antiviral activity can be observed in healthy infected people, especially in those living with HIV for many years.

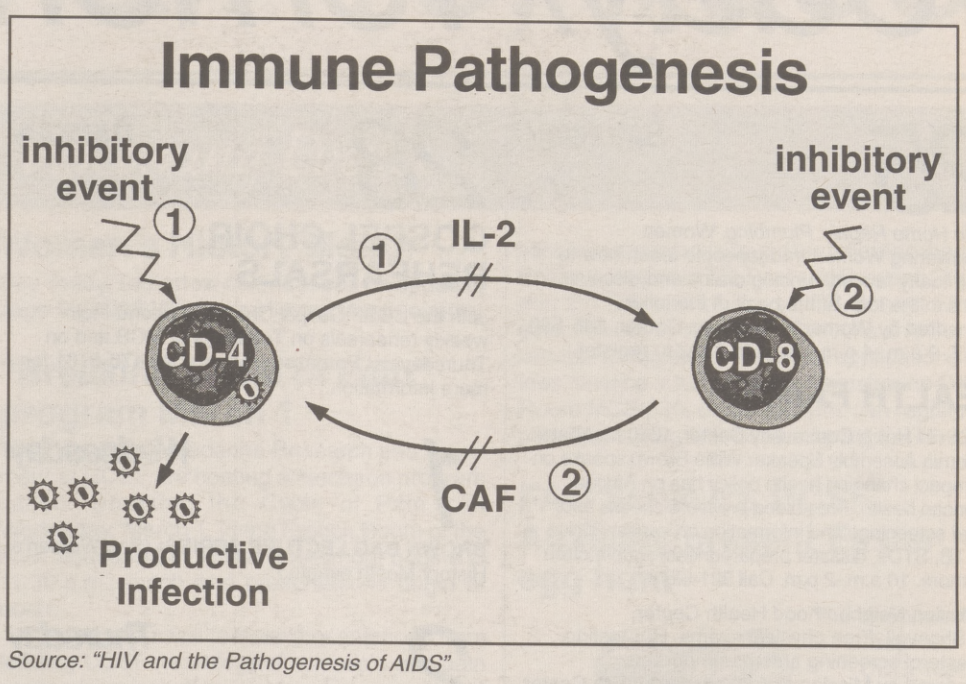
These observations, first made by Levy in 1986, led to the discovery of a substance secreted by CD8s now known as the CD8+ cell antiviral factor or CAF. This protein is a cellular factor or "cytokine" unlike any of the previous cellular products identified. Levy's lab now is undertaking a more complete study of this protein. His group recently noted that certain cellular factors produced by other immune cells can affect the ability of the CD8 cells in HIV-infected people to suppress virus replication. These findings could explain why there is a loss in the antiviral activity of CD8 cells over time, even before the reduction in CD4 cells. "It may be that the cytokines produced by CD4 cells are decreased sufficiently to compromise CD8 cell function," explains Levy. "The virus no longer is held in check by the CD8 cells and then advancement to AIDS takes place."

People with HIV who have lived longer than 10 years with a normal CD4 count (over 500 cells/ul) have several characteristics associated with their strong CD8 antiviral response. These long-term survivors have limited amounts of virus in their blood, the virus is not very virulent, and it does not infect a wide variety of cell types. The CD8 cells appear to be responsible for these features because they can limit the replication and mutation in HIV over time, says Levy. Strong CD8 activation seems to keep the HIV from wreaking havoc on a person's system.

HIV patients and physicians should know that while a blood test can show a CD8 cell count, it will not indicate the number of cells producing cell antiviral factor or CAF. "You need to have laboratory experiments examine the function of the CD8 cells — how well they will suppress virus replication in the CD4 lymphocyte," says Levy. In one study, Levy's group found that if the virus is readily recovered from cultured white cells, then the CD8 cells are not functioning effectively. "This is a very quick method of determining whether or not one's immune system is losing its ability to control HIV," says Levy.

To develop a marker for diagnosis and clinical follow-up, CAF needs to be identified, according to Levy. "We then can make an antibody that can be used to detect this CD8 factor in the blood and on the surface of cells. Then we can count the cells that are producing this protein and look at changes in this important antiviral response over time."

"Quite frankly, I'd rather see a cellular immune activity that could kill the virus-infected cells, but it's apparent that the major factor



Source: "HIV and the Pathogenesis of AIDS"

observed in healthy HIV-infected people and long-term survivors is this anti-HIV suppressing response," says Levy. "This CD8 cell activity can keep the virus from replicating and allows the body to maintain a healthy state. We surmise that if the virus is unable to replicate,

> *"This CD8 cell activity can keep the virus from replicating and allows the body to maintain a healthy state."*
>
> — AIDS researcher Jay Levy

eventually the infected cells will die as a normal matter of course. The number of infected cells in the body will be reduced, as we previously observed in infected chimpanzees."

At present, there are no practical ways to stimulate CD8 antiviral activity. Nevertheless, learning how long-term survivors maintain production of the factor could uncover approaches to activate this anti-HIV response in all infected people.

Just last July, Levy announced a promising animal model for AIDS, where baboons are not only infected with HIV, but also develop AIDS as a result. The persistent HIV infection and disease progression in baboons will enable Levy and his colleagues to study new therapies and vaccines. Baboons, which have immune systems similar to humans, also are substantially cheaper than other animal models such as Rhesus monkeys or chimpanzees. A baboon costs around $1,800 (up from $500 just a few months ago); the price tag on a Rhesus monkey is $2,500 and jumps to $30,000 for a chimpanzee.

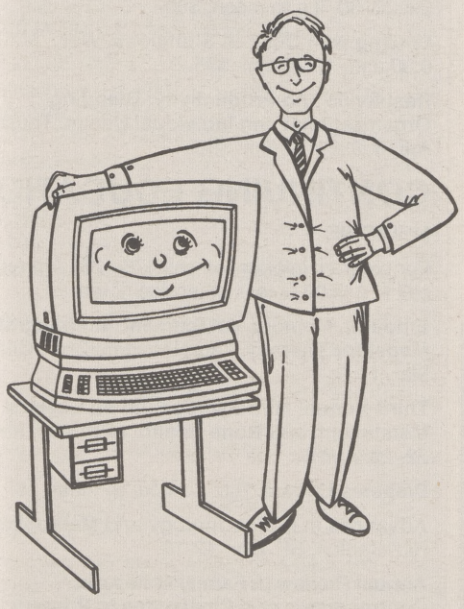
While Levy is gratified that his research finally is gaining attention, he must continue to wage his bureaucratic funding battles because he says research money is going elsewhere and not into basic science. "There is not enough attention being paid to research that can find an effective treatment for AIDS," he says. "And they [people in charge of funding] just don't see the ramification AIDS research has to other disciplines, for example cancer."

Meanwhile, AIDS continues its relentless march into our lives, making it today the number one killer of Americans between the ages of 25 and 44. "And each day that goes by is another day without a long-lasting treatment," says Levy.

(Levy is the author of "HIV and the Pathogenesis of AIDS," 1994, ASM Press, Washington, DC.)

Inside UCSF

How many computers do we have?



Grand total: 9,303

Source: ITS Equipment Management Services

Drug brings breakthrough in sickle cell disease

By RUTHANN RICHTER

There may be new hope for patients suffering from sickle cell disease. Twelve patients at the Northern California Sickle Cell Center, based at SFGH, have just completed participation in a multi-center clinical trial that was halted in late January — four months early — by the National Institutes of Health because the results were so compelling.

The trial involved use of the drug hydroxyurea to treat 299 adult sickle cell patients around the country. Patients taking the drug had half the number of pain episodes and hospitalizations for pain as patients on a placebo. According to the NIH results, patients on the drug required fewer blood transfusions and had significantly fewer bouts of acute chest syndrome, a life-threatening complication of the disease.

"This is a very important study," says Stephen Embury, professor of medicine at SFGH and an investigator in the national trial. "It's the first agent that has been shown to directly improve the welfare of sickle cell patients." Patients at Highland Hospital in Oakland also took part in the trial under the supervision of Susan Claster. Highland is one of three participating hospitals in the Northern California Sickle Cell Center, which is directed by Bill Mentzer, professor of pediatrics at SFGH.

The NIH has issued a medical alert to physicians to make them aware of the study results. Hydroxyurea has been used for years as an anti-cancer drug and "is one of the safer chemotherapeutic agents we have available

Allen J. Balderson

Sickle cell patient Danielle Riley, 30, of Oakland, who has been taking hydroxyurea for the past 34 months, and hasn't been hospitalized since last June, arrives at SFGH to meet with Stephen Embury, left.

— one of the least toxic," Embury says. However, he says the drug may not be appropriate for every sickle cell patient.

Sickle cell disease is an inherited condition that most commonly strikes people of African, Middle Eastern, Mediterranean or East Indian ancestry. People with two copies of a defective gene — one from each parent — for the blood protein hemoglobin are likely to get the disease. One in 12 African Americans carries one copy of the defective gene. It's taken 85 years to find an effective therapy that can be given to sickle cell patients, according to the Sickle Cell Disease Scientific Research Group at NIH.

The drug does not cure sickle cell disease and it cannot affect attacks already in progress. Embury offers additional caution. "We are emphasizing that the study showed a beneficial effect and no short-term complications in adult patients with frequent pain," he says. "We can say nothing about long-term side-effects. We don't know whether it's safe for women to become pregnant when taking the drug or after having taken it. And we have no information about its efficacy or safety in children." Hydroxyurea has not been approved by the FDA for treating sickle cell disease although some physicians have prescribed it for that purpose.

Today/Tomorrow

25 Saturday

Basic Home Repair: Plumbing. Women Empowering Women tradespeople teach how to repair leaky faucets, unclog drains and discover what's in the tank at the back of the toilet. Sponsored by Women's Resource Center. $45-$60. N 517. 9 a.m.-4 p.m. Call 476-5222 to register.*

HEALTH FAIRS

♦ Ella Hill Hutch Community Center, 1050 McAllister. California Assembly Speaker Willie Brown speaks on the impact changing health policy has on African American health. Free blood pressure checks and dental screenings and information on cancer, sickle cell, TB, STDs, disaster preparedness, acupuncture and more. 10 a.m.-2 p.m. Call 921-6276.*

♦ Mission Neighborhood Health Center, 240 Shotwell. Free physical exams, HIV testing, cholesterol screening and mammograms. Sponsored by Mission Neighborhood Health Center and Chicanos/Latinos in Health Education. 9 a.m.-3 p.m. Call 552-3870.*

27 Monday

SICKLE CELL CENTER JAZZ BENEFIT

The Northern California Comprehensive Sickle Cell Center sponsors this jazz concert featuring artists Calvin Keys, John Turk, Terra Sul, Jesse James, Congo Square, Eddie Gale and more. Proceeds will be used to send children with sickle cell disease to camp this summer. $15. Kimball's East, Emeryville. 7-11 p.m. Call 206-4584.*

28 Tuesday

GOSPEL CHOIR REHEARSALS

Join the UCSF Gospel Choir and attend their weekly rehearsals on Tuesdays at MCB and on Thursdays at Parnassus. Noon. Call 476-6761 for more information.*

1 Wednesday

BROWN BAG LECTURE SERIES: (See Women's History Month events.)*

2 Thursday

ARTS & PERFORMANCES COLE HALL CINEMA: *Quiz Show.* Children 14 & under $2; UCSF students & Millberry members $2.50; students, seniors & UCSF employees $3; general $3.50. Cole Hall. 5:45 & 8:30 p.m. (Movies subject to change.) Call 476-2542.*

PARNASSUS PLAYERS MEETINGS

Join the Parnassus Players, UCSF's own theater group, for open readings on the first and third Thursday of each month. Sponsored by Millberry Arts & Performances. Mar. 2 meeting: C 130. Mar. 16 meeting: C 517. 6 p.m. Call 476-6761 or 476-9012 (day) and 821-5701 (evening) for more information.*

3 Friday

INSTITUTE OF HEALING ARTS & SCIENCES PRESENTATION: *Long Life Now: Strategies for Staying Alive.* Lee Hitchcox, author. N 721. Noon. Call 330-5353 .*

ARTS & PERFORMANCES COLE HALL CINEMA: *Quiz Show.* Children 14 & under $2; UCSF students & Millberry members $2.50; students, seniors & UCSF employees $3; general $3.50. Cole Hall. 6:30 & 9:15 p.m. (Movies subject to change.) Call 476-2542.*

4 Saturday

WOMEN'S HEALTH 2000

One-day conference with UCSF faculty and other experts provides information on health and wellness issues and on progress in women's medicine, with an emphasis on helping women become active partners in their own health care. Sponsored by Ob/Gyn Research & Educ. Foundation. $35. UCSF/ Laurel Heights. 8 a.m.-5 p.m. Call 591-9004 to register and for more information.*

LOW VISION FORUM: Bill Crandall and Bill Gerrey, Smith-Kettlewell Eye Research Inst., discuss infrared signs. Forums are held on the first Saturday of each month. Main foyer, ACC. 11 a.m.-1 p.m. Call Frances Neer at 626-5313 for information.*

6 Monday

INTRAMURAL REGISTRATION

Register your intramural sports team for co-rec volleyball, basketball, indoor soccer and Towerball at Millberry Fitness Center through Thurs., Mar. 23. Call 476-0356 for information.

BACK & KNEE CARE

Learn how to reduce your risk of injury through strengthening and stretching exercises in these workshops taught by UCSF physical therapists. Free for Health Net members. Register at Millberry Fitness Center. Call 476-1115 for information.*

♦ Mon., Mar. 6: Knee Care. 5:30-7 p.m.

♦ Wed., Mar. 8: Knee Care. 6-7:30 p.m.

♦ Thurs., Mar. 9: Back Care. 5-6:30 p.m.

♦ Tues., Mar. 14: Back Care. 6-7:30 p.m.

7 Tuesday

LECTURE ON LATINO ISSUES

Acculturation and Alcoholism in Latino Communities. Jose Cuellar, Ethnic Studies, SF State. The UCSF Hispanic Nurses Association sponsors the last of three lectures focusing on Latino issues, ethnic studies and health. N 721. Noon-1:30 p.m. Call 476-1805 for more information.*

GLADSTONE DISTINGUISHED LECTURE

Nobel laureates Michael S. Brown and Joseph L. Goldstein, Genetics, U Texas, give the 1995 Gladstone Distinguished Lecture in Cellular and Molecular Biology. Sponsored by J. David Gladstone Inst. Carr Aud., SFGH. 11:30 a.m.*

THE NEXT DEADLINE

Tues., Feb. 28, 1995 is the deadline for items to be listed in the next calendar, which covers **Mar. 11-24, 1995** (two weeks). Complete information must be received in our office in writing by 11 a.m. on that Tuesday. Mail your copy to Michele Firpo at Box 0462, send a fax to 476-3541, bring it to UCSF/Laurel Heights, 3333 California St., Suite 103 or call 476-3257. To submit articles for *Newsbreak,* fax information to Allen J. Balderson at 476-3541 or call 476-3163. To submit articles for *Medsounds* or Page 6, fax information to Lisa Cisneros at 476-3541 or call 476-3256.

UCSF NIGHT AT THE ACADEMY OF SCIENCES

A few tickets still are left for the UCSF Night at the California Academy of Sciences, a special evening just for UCSF employees/students and their families. Sponsored by EMPACT! and Millberry Programs and Services. Tickets limited to six per employee/student. Pick them up at Millberry Central Desk or check with EMAPCT! satellite representatives. California Academy of Sciences, Golden Gate Park. 6-9 p.m. Call 476-2675.

8 Wednesday

BROWN BAG LECTURE SERIES: *Beyond Conventional Exercise.* Ilana Parker, Ilana Parker Physical Therapy Serv., discusses exercise and presents an interactive segment on stretching, strengthening and balance. Sponsored by Public Service Programs. HSW 300. Noon. Call 476-4394.*

9 Thursday

ARTS & PERFORMANCES COLE HALL CINEMA: *The Little Mermaid.* Children 14 & under $2; UCSF students & Millberry members $2.50; students, seniors & UCSF employees $3; general $3.50. Cole Hall. 5:45 & 7:45 p.m. (Movies subject to change.) Call 476-2542.*

INSTITUTE OF HEALING ARTS & SCIENCES WORKSHOP: *Learn to Draw Mandalas for Healing.* Ariosot J. Coelho. 6:30-9:30 p.m. Call 330-5353 for price information and location.*

10 Friday

INSTITUTE OF HEALING ARTS & SCIENCES PRESENTATION: *Holotropic Breathwork: An Adventure in Self-Discovery.* Gilberto Mercado, certified holotropic breathwork practitioner. N 721. Noon-1 p.m. Call 330-5353.*

ARTS & PERFORMANCES COLE HALL CINEMA: *The Little Mermaid.* Children 14 & under $2; UCSF students & Millberry members $2.50; students, seniors & UCSF employees $3; general $3.50. Cole Hall. 6:30 & 8:30 p.m. (Movies subject to change.) Call 476-2542.*

DEVELOPMENT & TRAINING

For further information call 476-4032.

Communicating with Confidence: A Workshop for Non-Managers. Wed., Mar. 1, 8. 9 a.m.-12:30 p.m. $75.

Coaching/Motivating/Delegating. Fri., Mar. 3. 8:30 a.m.-4 p.m. $90.

Post-Award Management of Extramural Funds. Tues., Mar. 7, 14. 8:30 a.m.-12:30 p.m. $60.

Supervisor's Guide to Performance Evaluation. Thurs., Mar. 9. 8:30 a.m.-4:30 p.m. $40.

Contracts & Grants Workshop. Fri., Mar. 10. 9 a.m.-noon. $40.

Medical Terminology: An Introduction. Tues., Mar. 14, 21, 28, Apr. 4. 2-4:30 p.m. $90.

Processing Independent Consultant Agreements (ICAs). Wed., Mar. 15. 9 a.m.-noon. $40.

Interviewing: Hiring Winners. Thurs., Mar. 16. 8:30 a.m.-4:30 p.m. $80.

Business Writing Basics. Tues. & Thurs., Mar. 21, 23, 28, 30. 9 a.m.-noon. $90.

Dealing with Difficult Situations. Wed., Mar. 22. 8:30 a.m.-12:30 p.m. $55.

Resilience and Productivity: Blending Organizational and Individual Needs. Thurs., Apr. 6. 9 a.m.-4 p.m. $80.

CONTINUING EDUCATION

MEDICINE

For program information call 476-4251. To register call 476-5808 unless otherwise noted.

Emotion, Memory, Attachment: An Integrated Model for Therapy. Laurel Heights Conf. Cntr. Mar. 11.

Third Annual Mini-Symposium on Skeletal Metabolism and Bone Health. LPPI Aud. Mar. 15, 22, 29, Apr. 5.

Diabetes Update. Ritz-Carlton, SF. Mar. 16.

Advances in Endocrinology and Metabolism. Ritz-Carlton, SF. Mar. 17-18.

Annual Review in Family Medicine: Controversies and Challenges in Primary Care. Hotel Nikko, SF. Mar. 29-31.

Family Practice Board Review Course. Hotel Nikko, SF. July 10-13.

WOMEN'S HISTORY MONTH EVENTS

The theme for UCSF's 1995 celebration of Women's History Month is "Women Overcoming: Then, Now and Beyond." Events co-sponsored by Women's Resource Center and Women's Events Committee and those listed below. Call 476-5222 for information and to register for workshops.*

Wed., Mar. 1: *Totally Fearless — The Life of Dolores Huerta: An Intimate Account from One of California's Strongest Labor Organizers.* A Brown Bag lecture co-sponsored by Public Service Programs. Dolores Huerta, co-founder and vice president of United Farm Workers, shares her life story. HSW 300. Noon. Call 476-4394.

Sat., Mar. 4: *Workshop: Take Back the Power — Managing Stress in the Workplace.* Venetta Campbell, women's issues and stress management specialist. $45. S 20. 9 a.m.-1 p.m.

Wed., Mar. 8: *Poetry Reading: Voices of Color and Light.* Jamaican American poet and educator Opal Palmer Adisa shares her poetry, along with women poets from UCSF. Co-sponsored by Millberry Arts & Performances. Toland Hall. Noon-2 p.m.

Thurs., Mar. 16: *Women's Health Issues for the Prime Time.* Janis Luft, women's health care nurse practitioner, tells women what they need to know about sexuality, heart disease, breast cancer and menopause. A Brown Bag lecture co-sponsored by Public Service Programs. Rm. 125, UCSF/Mission Center. Noon-1 p.m.

Why Doesn't She Leave. Nicolette Toussaint, Task Force on Violence Against Women, explains how social attitudes perpetuate domestic violence and how health care professionals can make an impact. A Brown Bag lecture co-sponsored by Public Service Programs. Herbst Hall, UCSF/Mount Zion. Noon. Call 476-4394.

Wed., Mar. 29: *The Clothesline Project.* A display of shirts featuring graphic messages and images designed by or for women who are survivors or victims of rape or domestic violence. Co-sponsored by Rape Prevention Educucation Project, Millberry Arts & Performances & EMPACT! Med. Sci. lobby. 8 a.m-5 p.m.

Make a shirt for the Project at the Women's Resource Center or at the following sewing bees:

♦ Wed., Mar. 15: Rm. 6C, 6th fl., SFGH. 11:30 a.m.-1:30 p.m.

♦ Tues., Mar. 21: S 168 & S 170. 3-6 p.m.

♦ Wed., Mar. 22: Cafeteria, 2nd fl., UCSF/Laurel Heights. 11 a.m.-2 p.m.

♦ Tues., Mar. 28: S 168 & S 170. 11 a.m.-2 p.m.

Surviving Violence. Panel discussion features women survivors of domestic or sexual violence, incest, child abuse or hate crimes. Held in conjunction with the *Clothesline Project* display. Cole Hall. Noon-1 p.m.

Coping with Eating Disorders. Adriana Felder, Psychr. Consultation-Liaison Prog. Co-sponsored by Women's Health Access. Toland Hall. 6-7 p.m.

Thurs., Mar. 30: *Chancellor's Award for the Advancement of Women Presentation.* (See Upcoming Events on page 5.)

"for colored girls who have considered suicide when the rainbow is enuf." Play by Ntozake Shange is a voyage into the lives of black women. Proceeds benefit the Women's Resource Center. $18. Lorraine Hansberry Theater, 500 Sutter. 8 p.m. Call 476-5222 for tickets.

Fri., Mar. 31: *"All About Eve."* Wear your '50s finery and watch Bette Davis battle Anne Baxter. Tickets: $.67 for women, $1 for men. Prices reflect the fact that women still only earn 67 cents for every dollar a man earns. Co-sponsored by Millberry Arts & Performances. Cole Hall. 6:30 p.m.

Feb. 25-Mar. 10, 1995

REGULAR MEETINGS & ONGOING SUPPORT GROUPS

MONDAY

JEWISH WOMEN'S DIALOGUE GROUP: Meets every other Monday. Call 476-6423 for dates & locations.*

DROP-IN SUPPORT GROUP FOR WOMEN LIVING WITH HIV/AIDS: Meets every Monday. Free child care and beverages provided. A 45. 11 a.m.-1 p.m. Call 476-2417 or 476-7795.*

UCSF STAFF COUNCIL MEETING: Meets second Monday of each month. Noon-2 p.m. Call 476-5756 for more information.

FRIENDS OF LOIS AL-ANON MEETING: Closed meeting: for friends & families of alcoholics only. Conf. Rm. A, 3rd fl., MCB. Noon. Call 626-5633.*

COLORECTAL CANCER SUPPORT GROUP: Meets on the second and fourth Mondays of each month. Reservations must be made at 929-7114. No drop-ins will be allowed. UCSF/Mount Zion Cancer Center, 2356 Sutter. 6:30 p.m.*

UCSF AIDS HEALTH PROJECT MEDITATION & SELF-HYPNOSIS WORKSHOP: Weekly discussion group for anyone dealing with HIV or AIDS in themselves or others. Gazebo Rm., Davies Med. Cntr. 7-9 p.m. Call 476-3902.*

TUESDAY

SFGH CIRCLE OF SISTERS: Networking forum for black women working & studying at UCSF/SFGH. Meets monthly at noon. Call 476-5222 for dates & location.

MULTIPLE HELPERS OUTREACH NETWORK SUPPORT GROUP: For victims & survivors of violent trauma. Ages 15 & over. A 222, LPPI. 10 a.m.-noon. Help-line at 759-7923 provided daily, 7 a.m.-10 p.m.*

CAMPUS AMNESTY INTERNATIONAL MEETING: Meets first Tues. of each month. MU 111W. Noon-1 p.m. Call 566-8406.*

PARKINSON'S DISEASE EDUCATION & SUPPORT GROUP: For people with Parkinson's & their caregivers. Third Tues. of the month. Christ Church, Lutheran, 1090 Quintara (at 20th Ave.). 2-4 p.m. Call 476-9276.*

BREAST CANCER SUPPORT GROUP: For women diagnosed or being treated at UCSF/Mount Zion or UCSF/Parnassus. Meets every Tues. UCSF/Mount Zion Cancer Cntr., 2nd. fl., 2356 Sutter (near Divisadero). 5:30-7 p.m. Pre-registration necessary. Call 885-3693 or 388-3742.*

NURSES' PAIN ASSOCIATION MEETING. Meets the second Tuesday of the month. C 254. 5:30-7:30 p.m.*

BRAIN TUMOR SUPPORT GROUP: First Tues. of the month. S 758. 7:30-9 p.m. Call 284-0208.*

WEDNESDAY

GAY, LESBIAN, BISEXUAL ASSOCIATION AT UCSF MEETING: Meets second Wednesday of each month. Members of the Chancellor's Committee on Gay, Lesbian & Bisexual Issues will be present. Call 282-9650 for more information.

"AT THE HEART OF IT" CARDIAC SUPPORT GROUP: For heart patients to share experiences, successes, concerns & anxieties. An ongoing six-week series. Call Kathleen Congdon at 885-7227.*

SUPPORT GROUP FOR FAMILY/FRIENDS OF THOSE WITH MENTAL ILLNESS: Open to anyone interested in learning more about psychiatric disorders & their treatments. Call Laura Deering-Mayclin at 476-7394 for more information.*

LATIN AMERICAN CAMPUS ASSOCIATION MEETING: Meets second Wednesday of each month. HSW 508. Noon. Call Al Lopez at 476-1334.

LATIN WOMEN COALITION: For Latina faculty, staff & students. Noon-1 p.m. Call Betty Jerez at 476-7117 for meeting places & dates.*

PARNASSUS AL-ANON MEETING: For friends & families of alcoholics. Observers welcome. C 417. Noon-1 p.m. Call 626-5633.*

STEP-FAMILY SUPPORT GROUP: For parents & step-parents. Call Sandra Norberg at 476-6389 for dates and location.*

ALCOHOLICS ANONYMOUS MEETING: Closed meeting: alcoholics only. Conf. Rm. 3, 1st fl., MCB. 12:05 p.m. Call 621-1326 for more information.*

MULTIPLE HELPERS OUTREACH NETWORK SUPPORT GROUP: For victims & survivors of violent trauma. Ages 15 & over. Two locations & times: A 222, LPPI, 1-3 p.m., and N 517, 7-10 p.m. Help-line also provided daily, 7 a.m.-10 p.m. at 759-7923.*

DIRECTIONS: For women newly diagnosed with breast cancer. Meets every Wed. UCSF/Mount Zion Cancer Cntr., 2nd. fl., 2356 Sutter (near Divisadero). 5-6:30 p.m. Pre-registration necessary. Call 885-3693 or 885-7498.*

EATING DISORDERS SUPPORT GROUP: Open to anyone dealing with an eating disorder in themselves or others. Meets every Wednesday. M 688. 7-8:30 p.m. Call 332-3425.*

CO-DEPENDENTS ANONYMOUS MEETING: A twelve-step program for people who have dysfunctional long-term relationships. Meets every Wednesday. LP 01 (LPPI basement). 8-9:30 p.m. Call 432-3529.*

THURSDAY

LESBIAN LUNCH GROUP: Monthly on Thursdays. Call 476-5222 for meeting dates & locations.*

ASSOCIATION OF CLINICAL RESEARCH NURSES MEETING: Meets on the third Thursday of each month. M 1317. 5:15-6:30 p.m. Call 476-0683.

HEAD & NECK CANCER SURGERY SUPPORT GROUPS: Separate groups for patients and patients' families meet simultaneously on the second and fourth Thursdays of each month. UCSF/Mount Zion Cancer Cntr., 2356 Sutter, 2nd fl. 1-2 p.m. Call 885-7623.*

SUPPORT GROUP FOR WOMEN LIVING WITH LIFE-ALTERING ILLNESS: Alternate Thursdays. 6-8 p.m. Call 775-2854 to preregister & for locations.*

FRIDAY

CIRCLE OF SISTERS: Networking forum for black women working & studying at UCSF. Most Fridays. Noon-1 p.m. L 535. Call 476-5836.

ALCOHOLICS ANONYMOUS MEETING: Closed meeting: alcoholics only. C 417. 12:10-1 p.m. Call 621-1326 for more information.*

LAKESIDE SENIOR MEDICAL CENTER CAREGIVER SUPPORT GROUP: Meets on the first Friday of each month. $10 per meeting. 2501 Ocean Ave. at Junipero Serra. 2-4 p.m. Call Edith Kaplan at 986-2305.*

For information on 12-step and support groups (other than AA and Al-Anon), call the Mental Health Association of San Francisco at 921-4044.*

LIBRARY CLASSES

The UCSF Library offers the following free classes held in S 165A (EC) or 231 Library (LIB). Call 476-2337 to register.

- Mon., Feb. 27: *Medline Plus II: Advanced.* (LIB). 2-4 p.m.
- Thurs., Mar. 2: *Genomic & Molecular Biology Databases on the Internet.* (LIB). 10 a.m.-noon.
- Fri., Mar. 3: *World Wide Web.* (EC). 1-2 p.m.
- Mon., Mar. 6: *Medline Plus I: Basics.* (LIB). 1-3 p.m.
- Tues., Mar. 7: *ENDNOTE® for the Mac.* (EC). 2-4 p.m.
- Wed., Mar. 8: *Introduction to the Internet.* (EC). 2-3 p.m.
- Thurs., Mar. 9: *Internet FTP.* (EC). 10-11:30 a.m.
- Fri., Mar. 10: *Medline Plus II: Advanced.* (LIB). 1-3 p.m.

BREAST CANCER SCREENING SCHEDULE

Women can have low-cost mammograms — X-rays to screen for breast cancer — from a mobile van that travels to convenient locations in the Bay Area.

Women need the approval of their physician to have the mammogram, in addition to their doctor's full name, address (including room number & zip) and phone number to assure that results are mailed promptly. The procedure takes approximately 20 minutes and costs $65. To make an appointment call 476-2193 between 9 a.m. and 3 p.m.*

Because the service has become so popular and appointments are filled by the time this calendar is published, we list only dates when the van will be at UCSF locations:

- Fri., Mar. 3: UCSF/Parnassus at Medical Center Way.
- Thurs., Mar. 16: UCSF/Laurel Heights, 3333 California.
- Fri., Mar. 31: UCSF/Parnassus at Medical Center Way.

*Open to the public.

Upcoming Events

Women's History Month

See Today/Tomorrow calendar box on opposite page for 1995 Women's History Month events.

"Breaking Cycle of Pain" program March 1

The Friends of Headache Research and Treatment at UCSF are hosting a luncheon program called "Breaking the Cycle of Pain," on Wedneday, March 1, in the French Room of the Four Seasons Clift Hotel. Social hour begins at 11:30 a.m.; lunch and presentations begin at noon.

This program will feature presentations from leading UCSF neurological scientists and pain researchers including Stephen Hauser, chair of the Department of Neurology.

Reservations must be made as soon as possible by calling 476-4723. Cost is $35 per person.

Workshop focuses on women and food

A four-session psychoeducational workshop about women and their relationships to food, their bodies and themselves, will be held Mondays, March 6, 13, 20 and 27, from 7 to 8:30 p.m. in Room C 254.

Presented by doctors Cynthia Ellis and Raya Al-Mufti and the UCSF Department of Psychiatry, each session costs $10 to attend. For more information or to sign up, call 476-7422.

Gumps benefit for UCSF Cancer Center

In conjunction with the opening of Gump's store at its new location at 135 Post St., the upscale retailer is holding a special night of shopping to benefit UCSF's Cancer Center.

The event will be held Tuesday, March 14, and will include cocktails and a buffet dinner. Ten percent of all sales for that evening will be donated to the Cancer Center. Tickets are $75 each, which includes free valet parking. A portion of the ticket price is tax deductible.

To receive an invitation, call Office of Alumni Relations and Campus Events at 476-4723.

Clinical TB update for HIV service providers

The Francis J. Curry National Tuberculosis Center and the Community Provider AIDS Training Project are co-sponsoring a clinical update on TB on Wednesday, March 22, from 12:30 to 5:30 p.m. at the Laurel Heights Conference Center.

The training is for public and private sector physicians and other medical care providers who manage HIV-infected patients with or at risk for TB. This program will cover tuberculosis epidemiology, transmission, diagnosis and treatment as well as infection control issues. UCSF faculty on the program include Gisela Schecter, assistant clinical professor of medicine. For more information, send a fax to the National Tuberculosis Center at 502-4620 and request a course application.

Award for advancement of women presentation

Chancellor Joseph Martin will present the Award for the Advancement of Women on Thursday, March 30, at noon in Toland Hall.

Guest speaker for the presentation ceremony will be Deirdre English, former editor of *Mother Jones* magazine and one of the authors of "For Her Own Good." For more information, call Ruth Weiller at 476-4223. (See the next issue of *Newsbreak* for a story on the four award recipients.)

"Tuberculosis Then and Now" conference

The Department of the History of Health Sciences will present "Tuberculosis Then and Now," a two-day conference designed for health care professionals, epidemiologists, public health officials and the general public.

The conference, to be held Friday and Saturday, April 7 and 8, in Cole Hall, consists of four sessions organized around the following themes: Epidemiologies of TB, Past and Present; Stigma and the Cultures of Illness; TB Control Strategies, Past and Present; Reflections and Current Issues. To register, enrollment applications and fees must be returned to the Registration Office, Room MCB 630, or participants can register by phone by calling 476-5808 or faxing to 476-0318.

FAO Schwarz, UCSF Auxiliary present Easter egg hunt

The Hospitals Auxiliary of the UCSF Medical Center and FAO Schwarz will present the annual Easter Egg Hunt and Spring Shopping Spree on Saturday, April 15.

The hunt will be from 8:30 to 10 a.m. and the spree will be from 8:30 a.m. to 6 p.m. at the toy shop, corner of Stockton and O'Farrell streets in San Francisco.

Admission is $25 per child and free for adults. Grand prizes will be awarded to the two children who find a golden egg and to winners of the raffle drawing. Refreshments will be included. Ten percent of all proceeds from sales on the day of the event will be donated to the UCSF Hospitals Auxiliary to benefit hospitalized children and to provide patient amenities. For more information on the event, call 476-6708.

Panel to discuss legalization of assisted suicide on April 12

The Auxiliary at UCSF/Mount Zion Medical Center, the Harvard Club and Mount Zion Health Systems Inc. will present a panel discussion on "Legalization of Assisted Suicide: What are the issues?" on Wednesday, April 12, at the Metropolitan Club, 640 Sutter St., San Francisco.

Cocktails will be served at 5:30 p.m. with the program beginning at 6:30 p.m. Reservations are required; admission is $15.

For more information or to register, call the Auxiliary at 885-7354.

"Health Sciences, Heterosexism, and Homophobia" forum

Speakers from around the country will come together at a conference, entitled, "Health Sciences, Heterosexism, and Homophobia," to be held on campus on Saturday, April 22.

Keynote speaker Katherine A. O'Hanlan is associate director of gynecologic cancer surgery at Stanford. A lesbian and gay rights activist, she is the author of the Benefit Parity Bill at Albert Einstein College of Medicine/Montefiore Medical Center in New York, which made Einstein the first medical center to offer domestic partner medical insurance. She also wrote a similar bill at Stanford, making it the first university to offer equal benefit packages to employees regardless of sexual orientation.

Other speakers will include Joanne M. Hall, assistant professor, University of Wisconsin, Milwaukee School of Medicine; Dean Hamer, chief of the Section on Gene Structure and Regulation in the Laboratory of Biochemistry, National Cancer Institute; Gregory M. Herek, research psychologist, UC Davis; Vickie M. Mays, professor of psychology, UCLA; Gary Remafedi, director of the Youth and AIDS Projects and assistant professor, pediatrics, University of Minnesota; and Patricia E. Stevens, assistant professor, University of Wisconsin, Milwaukee School of Nursing.

For more information on the conference and associated workshops, call Rich Beatty at 282-9650, e-mail him at rich@radlab.ucsf.edu or write him at Box 0909.

Money Matters

Understanding your quarterly statement

UC provides its employees the makings of a nest egg. But how and whether that reserve grows enough for a rainy day or to supplement the golden years is left largely to each individual. The UC Retirement System Quarterly Statement, which members received last week, shows where your dollars are going. Take a look at it and the accompanying Quarterly Investment Report. It might help you earn extra dollars for later.

Perhaps the least understood entry, according to Benefits Manager Mary Kahn, are the figures displayed in the Pre-tax Defined Contribution Plan. In November of 1990, because the UC Retirement Plan (UCRP) was so well funded, the Regents suspended both employee and employer contributions to UCRP. Instead, employee contributions were redirected to your individual pre-tax savings account in the Defined Contribution Plan. These are funds you can access upon your separation or retirement, and are in addition to the benefits you are earning in UCRP. You can find the exact amount of your mandatory contribution to the DC Plan on your Surepay statement, on your check stub, as well as on your quarterly statement.

Unless you designate otherwise, your DCP Pretax money automatically goes into the UC-managed savings fund. However, you can redirect your contributions to any one of the five other UC investment funds — insurance company contract, money market, equity, bond, or multi-asset — by completing a Pretax Account Fund Designation form. You may also direct your funds to Fidelity Investments. Transfers among UC-managed funds are allowed once a month.

If you leave UC or retire, you have several options, including leaving your money in the account (if the amount is more than $2,000), rolling part or all of it over to an IRA or your new employer's plan, working it into your retirement income, or taking it all. If you choose the latter, it will be taxed as ordinary income for that year, and if you are under age 59 1/2, it may also be subject to state and federal penalties.

The Quarterly Investment Performance Report that came with your statement can offer good clues to where you might direct your funds in the future. For example, it shows that the savings fund performed at a 6.68 percent interest clip in 1994, compared to the insurance contract fund at 7.88 percent, equity fund at 4.81 percent, and the bond fund at -12.47 percent. The report, also shows, however that over the last 10 years the average annualized rate was 8.78 percent for savings, 14.67 percent for equity, and 12.36 percent (on the plus side) for bonds. Employees are advised to check this column for how funds are performing or call the investment hotline at 800-888-8267, ext. 7-0340. Also read the business pages, books and other literature to learn about these types of funds. Future issues of *Newsbreak* will look at each of the investment categories, including benefits and risks.

The quarterly statement also will show how much you have contributed to your Tax-Deferred 403(b) plan and the Voluntary After Tax DCP. If these columns are blank on your statement and you have extra money each month, you might want to take advantage of the Tax-Deferred 403(b) plan. New worksheets for calculating how much you are eligible to contribute will be available early in March. Call the Benefits Office at 476-1400 for more information.

Lastest fund performances as of Jan. 31

For those invested in the 403(b) Plan and the After-tax plan, here are the latest unit values and monthly factors (as of January 31, 1995). The annualized yield reflects the annual yield that could be achieved if the current monthly rate were compounded for one year.

	Monthly Factors	Annual Rate	Annualized Yield
Savings	.0055	6.48%	6.58%
Money Mkt	.0048	5.65%	5.72%
ICCF	.0065	7.65%	7.82%

	Unit Values	12-Month Change	3-Year Avg. Annualized Return
Bond	$58.92	-14.3%	6.4%
Equity	$106.83	3.3%	9.1%
Multi-Asset	$15.10	0.8%	7.4%

The investment results, as measured by total return figures given above, represent past performance and should not be considered indicative of future results. If you have questions, please call 476-9256.

Medical Call Board

Two outpatient nutrition studies need subjects

Researchers at UCSF are looking for healthy women between 45 and 75 years of age to participate in a six-week outpatient nutrition study. Participants must be in generally good health, had last menstrual periods five or more years ago and must not be taking estrogen replacement. Reimbursement is provided. For more information, call 476-3498.

In another study, UCSF researchers are looking for healthy, non-smoking men and women between the ages of 50 and 70 and men between the ages of 25 and 35 for a six-week outpatient nutrition study investigating the effects of diet on blood cholesterol levels. Two out of three meals must be eaten on the UCSF campus. Reimbursement of $250. For more information, call 476-7931.

PMS study continues

Women between the ages of 18 and 45 who experience severe premenstrual syndrome are invited to participate in a UCSF study funded by the National Institutes of Health. The goal is to determine the effectiveness of a non-drug program for relieving PMS symptoms. All treatment is free. The Premenstrual Symptom Management study is led by Diana Taylor of the School of Nursing. For more information, call 476-4557.

Discrimination *(from page 1)*

that I do experience it," Rodgers said.

Showing a slew of statistics, Rodgers said data suggests African Americans and nonwhites are paying the high price of increased illness and loss of life because of discrimination in health care. Underlying attitudes that fuel racism can potentially lead to acts of omission and/or poorer quality of care for blacks and other minorities, she contends.

And despite medical advances over the past decade, the health of African Americans hasn't improved since the Department of Health and Human Services issued its 1985 report that revealed major inequities in health among ethnic groups. Indeed, a book released earlier this month by the federal Centers for Disease Control and Prevention and the National Center for Health Statistics, reports that African Americans have one of the highest mortality rates in the industrialized world.

"While this data presents compelling evidence that race is associated with poorer health outcomes, it is also clear that race is not the whole story, and socioeconomic status is a major influence on health status," Rodgers said. "Without question being poor in America means having poorer health in America. However, we cannot attribute all of the disparity to class since a number of studies comparing quality of care between African Americans and whites, even controlling for class, still demonstrate a lower quality of care for blacks."

Rodgers questioned political motives to reform welfare. "How much is anti-welfare sentiment based on the stereotype of the black welfare queen living the good life, driving a Cadillac, having a lot of children, all at taxpayers' expense?"

Still, Rodgers admits patients and health care providers alike must strive to prevent disease rather than just react to it, which increases health care costs. "The challenge is how to get people into the preventive mode when they're in the survival mode," she said.

Fun Zone

Lisa Cisneros

Newlyweds make an EMPACT!

Comedian Marilyn Pittman, left, hosted UCSF's hilarious version of the Newlywed Game to a packed Cole Hall audience on Valentine's Day. The EMPACT!-sponsored event featured four couples, including first-place winners Drew Pitts, a senior building maintenance worker, middle; and Alicia Woods, an accounting assistant, right. The couple won a dinner and dance cruise aboard Hornblower Yachts, a limousine ride, and theater and movie tickets.

UCSF Orchestra Winter '95 Concert

The UCSF Orchestra Winter Concert will be held on Saturday, March 11, at 8 p.m. in the Millberry Gym. The concert will feature works by Still, Tchaikovsky and Mendelssohn. Free for UCSF students, the concert costs $3 for employees and $5 for seniors and the general public.

UCSF Orchestra Children's Concert

Parents can expose their children to the joys of classical music at a free concert on Sunday, March 12, at 11 a.m. in the Millberry Gym.

Featured selections include works by Mendelssohn and Dvorak. Between selections, conductor Jeremy Swerling will offer educational information and answer questions. After the concert, children can meet the musicians and check out the instruments.

Filing grievances for ADA compliance

The Americans with Disabilities ACT (ADA) requires that individuals with disabilities be afforded equal opportunity in the areas of public services and programs, employment, transportation, and communications.

UCSF fully ascribes to ADA, and individuals with disabilities have various mechanisms for filing grievances if they feel that there is non-compliance on campus with this important legislation and University policy, says William Neff, assistant vice chancellor and ADA coordinator.

UCSF employees with disabilities may file a grievance under existing University grievance procedures as outlined in their respective personnel program policies or collective bargaining agreements. Employees also have the alternative of filing a grievance directly with the Office of the Assistant Vice Chancellor, Administration, Box 0288. UCSF students, visitors and other campus community members with disabilities may file a grievance on ADA at that office.

Wanted: Used computers for kids

Looking to upgrade your older model Apple or Macintosh computer? Julia Challinor, a nurse and educational liaison in the Division of Pediatric Oncology, is looking for people to donate computers to UCSF patients. "Many of our children have learning difficulties related to their treatment," she says. "Teachers have recommended they use computers to help them succeed academically." Please all Challinor at 476-1770 if you can help.

Crime Corner

Thief arrested in Millberry

UCSF Police arrested a suspect at noon Jan. 30 after he reportedly stole a wallet containing credit cards and cash in Millberry, according to Sgt. Lorin Stracke.

Police made the arrest on the first floor of Millberry after responding to a tip from an employee who reported a suspicious man going in and out of offices on the second floor.

Car thief arrested

UCSF Police arrested a man at 11 a.m. Feb. 2 after he reportedly stole his girlfriend's car, according to Sgt. Stracke.

Police had stopped the suspect for reckless driving at 12th Avenue and Irving Street when they discovered he was not the registered owner of the vehicle. Upon calling the owner, the victim reported that her car had been stolen.

Beware of suspicious packages, letters

UCSF Police alert the campus community to beware of suspicious packages or letters. While no incidents of strange packages or hate letters have been received recently at UCSF, Sgt. Stracke urges employees to be extra cautious when an odd or unexpected package arrives.

Suspicious letters or packages may be identified by the following criteria: foreign mail, air mail or special deliver; restrictive markings such as confidential or personal; excessive postage; handwritten or poorly typed addresses; incorrect titles; titles but no names; misspellings; oily stains or discolorations; no return address; excessive weight; rigid envelope; lopsided or uneven envelope; protruding wires or foil; excessive securing material such as masking tape, string, etc.; visual distractions.

If you find or receive mail or a parcel that appears to be suspicious, please take these precautions:

- Don't touch, shake, pull or cut loose wires;
- Don't move things that you cannot identify;
- Don't move the package away from people — move the people away from the package!
- Don't investigate too closely;
- Don't cover or insulate the item or package.

If you have any questions, contact Sgt. Wright at 476-8901 or Sgt. Fox at 476-9240 during normal business hours. The 24-hour emergency phone number is 476-6911.

Medsounds Continued

Lisa Cisneros

Hard work ethic has its rewards

Nursing assistant Ahmed Osman, 32, center, received the Helen B. Ripple Scholarship award recently from Jane Hirsch, right, assistant director of nursing. Ripple, left, director of nursing, set up the fund to give financial assistance to deserving employees attending college. Osman, a nursing student at City College, spent the $1,000 cash award for books and supplies. "He has an incredible work ethic," says Hirsch about Osman, a native of East Africa. To contribute to the scholarship fund, contact Hirsch at 476-2207.

Donor *(from page 8)*

cooperative study of children with such diseases, producing the first description of the results of using unrelated volunteer donors for transplantation for children with Hurler's disease. So far, the results have been positive, Cowan says.

Although donating and transplanting bone marrow are relatively easy processes, finding bone marrow matches is difficult: the NMDP was able to match fewer than 900 donors for transplants last year.

Below is a brief description of the processes that can save the lives of some 16,000 Americans stricken each year with diseases that warrant bone marrow transplants.

The Donation Process

♦ A small amount of blood (about two to three tablespoons) is taken from the volunteer donor.

♦ The sample is typed for markers on the surface of white blood cells (called HLA-A and B antigens) and the results are entered on the computerized NMDP Registry.

♦ If the donor's A and B antigens (two of each) match the patient's, the donor is asked to give another small sample of blood. The donor's HLA-DR antigens are typed and compared to the patient's.

♦ If all six antigens match, the donor is counseled about the donation process and given a physical exam after a thorough information session. The donor makes final decision to donate and signs the consent form.

♦ Donated marrow is extracted in a simple surgical procedure under general or spinal anesthesia at a collection center. Two to 5 percent of the donor's marrow is extracted from the back of the pelvis through a special needle and syringe.

♦ The donor usually is kept in the hospital overnight for observation.

♦ After the marrow collection procedure, the donor may experience slight discomfort in the lower back for a week or so. The donor's marrow replenishes itself within a few weeks.

The Transplantation Process

♦ The patient's physician begins a preliminary search of the NMDP Registry.

♦ A list of potential matches (donors whose HLA-A and B antigens match the patient's) are sent to the physician, who requests further testing of the donor's blood.

♦ From these results, the physician determines whether there is a match.

♦ If a match is found, the patient undergoes pre-transplant conditioning, consisting of radiation and chemotherapy, for seven to 10 days.

♦ The donated marrow is transfused directly into the patient's blood stream, much like a blood transfusion. Healthy marrow cells travel to bone cavities, where they begin to grow and replace the old marrow.

♦ The patient must be isolated in a germ-free environment until the new marrow produces enough white blood cells to fight off disease.

♦ An increased white blood count, a sign that the transplant is beginning to function, generally appears about three to four weeks after the procedure.

♦ The patient may be removed from protective isolation three to six weeks after transplant, as long as the new marrow continues to produce white blood cells and there are no serious complications.

Source: The National Marrow Donor Program.

Sutter *(from page 8)*

systems such as Sutter develop this kind of creative solution to the delivery and cost of highly specialized health care," Kerr added. "Employers and the public want to pay less, but they want to ensure the availability of services of great complexity and demonstrated quality when they need them."

UCSF and Sutter will jointly develop a referral process to authorize and arrange for services, to exchange clinical information, and to assure proper billing and payment of claims.

All Sutter affiliates will have access to UCSF as needed under the agreement. UCSF will provide services that complement but don't supplant specialty services provided directly through Sutter facilities and medical groups, Kerr said.

The agreement also allows Sutter-affiliated physicians to continue to refer patients to other institutions and UCSF to continue to provide highly specialized services to patients referred from other health care systems.

The specialty services agreement announced last week is the first phase in developing a broader UCSF/Sutter relationship. The parties are working on other plans to enhance the ability of both organizations to be successful in managed care contracting and other arenas.

As Sutter develops its Bay Area region initiatives, UCSF and Sutter will formalize plans for joint ventures and participation in contracting networks, said Gary Susnara, senior vice president and chief operating officer for Sutter Health Bay Area.

"UCSF and Sutter Health affiliates have had a long-standing referral relationship," said Susnara. "This agreement moves us forward into a future of closer collaboration and sharing of risk that ultimately will benefit all the communities we serve."

Funding *(from page 1)*

Medicare patients account for 30 percent of UCSF's population and Medicare is the only payer that reimburses these educational costs while also contributing reimbursement to medical centers for serving a disproportionate share of indigent patients. Direct Medical Education payments to UCSF for trainee salaries and benefits total $6 million per year.

Medicare also makes an Indirect Medical Education (IME) adjustment which compensates teaching hospitals for the severity of their patients' illnesses, the scope of services provided and the impact of educational programs on hospital operating costs. The IME payment to UCSF for the current fiscal year equals $30 million.

"All payers should share the responsibility to educate the next generation of health care professionals," Kerr says. "Until this goal is achieved, current levels of Medicare support must be maintained. Further cuts in Medicare IME or disproportionate share payments will seriously compromise UCSF's essential patient care and academic mission."

Federal budget discussions have focused on reducing the IME formula to three different levels and the impact of such reductions on UCSF would be as follows:

♦ Reduce IME to 6.7 percent: UCSF loses reimbursement of $3.9 million per year

♦ Reduce IME to 4.5 percent: UCSF loses reimbursement of $12.4 million per year

♦ Reduce IME to 3 percent: UCSF loses reimbursement of $18.3 million per year.

"We are very concerned that the possible reduction in Medicare resources being considered by the House and Senate — resources historically used to help pay for the education of our resident physicians — will result in academic medical centers bearing a disproportionate share of the responsibility for care of uninsured patients," says Chancellor Martin.

Legislators have proposed to streamline the entire system of research costing to achieve expense reductions for federally-funded research by shifting more of the burden to cover indirect costs to universities. Such a cut would significantly affect a university's ability to meet its existing fixed obligations and create a disincentive to continue to invest in research facilities and equipment, officials say.

"In trying to explain what indirect costs are, we realized that it is an unfortunate term which should probably be changed since it doesn't sound like what it means," explains Vice Chancellor Dorothy Bainton. "Indirect cost reimbursement provides direct support of research activities including use and maintenance of buildings, humane care of animals, compliance with rules for use of human subjects in research, disposal of hazardous waste, radiation safety, lab safety, fuel to heat research labs, electricity, libraries, security, and so on."

UCSF is a leader in the country in the amount of federal research dollars it receives — totalling nearly $200 million in federal grants last year.

Information *(from page 8)*

on how to implement recommended changes, at least for its top priorities, over the next few years. About 800 computer workstations will be placed throughout inpatient and outpatient facilities in a multi-site network.

Start-up costs to buy the hardware and software deemed "mandatory" by the task force are projected at nearly $11 million, an amount that includes a 10 percent contingency fee. Costs to implement these mandatory changes, which include paying salaries for technical staff, is projected at $1.6 million. Incremental ongoing costs to maintain the prescribed system and staff hours are projected at $2.3 million annually.

"This capital investment is necessary for our very survival," says Ron Schumacher, co-chair of the task force and director of information systems. And while administrators are sensitive to employees who have lost their jobs or have had hours trimmed due to financial cutbacks, they say the information systems upgrade is essential to help UCSF adapt to the rapidly changing managed health care marketplace and bring its aging information technology into the 21st Century.

"The information management processes and structure need to be centrally organized to respond to enterprise requirements of an integrated delivery system," says Ron Arenson, co-chair of the task force and chair of radiology.

Problems with existing system

Improving the breadth and depth, accessibility, flexibility, usability and maintainability of computer technology is critical since the current systems serving the clinical enterprise are uncoordinated, ineffective and inconsistent, according to the task force.

The overhaul will complement UCSF's ongoing restructuring efforts to streamline health care services across all sites, particularly in billing and collection, scheduling, materials management, payroll and purchasing.

The task force found that the institution lacks adequate policies and standards and has limited and uncoordinated support for patient care services. Users have limited access to pertinent data and rely heavily on manual processes in such crucial areas as financial management.

"If people don't have access to this information," says Schumacher, "we're going to continue to provide services without reimbursement. Every year we lose millions of dollars simply because people providing services don't know what a patient's insurance plan covers. We really don't have a choice if we're going to remain competitive."

Patients will benefit from the upgrade by a "one-stop" registration process that collects eligibility and enrollment information only once. Patients also would be able to schedule appointments with one telephone call.

Health care workers will benefit by getting accurate patient information when the patient is admitted. Appointment scheduling, billing and collecting policies and procedures will be uniformly applied and simplified.

Because of the immediate need to give technological support to the new Integrated Practice Group, UCSF's HMO-style primary care service, it is necessary to make a decision about a vendor as soon as possible although the new systems will take a while longer to be on line.

Mandatory projects for completion

Projects to be completed in the first phase of the systems upgrade are:

♦ Ambulatory Care Information System: Acquire applications to manage patient processing through all ambulatory settings, including clinics, departments, physician offices and outpatient areas.

♦ Laboratory System: Acquire an application for managing the collection, processing and reporting of tests and procedures performed in the laboratory department. This will replace the current aging laboratory system.

♦ Pathology System: Acquire an application to assist with anatomical pathology specimen and tissue analysis, trending and reporting. UCSF developed an in-house system many years ago and has continued to maintain it at substantial cost. A commercial product would provide superior function at a comparable or lower cost.

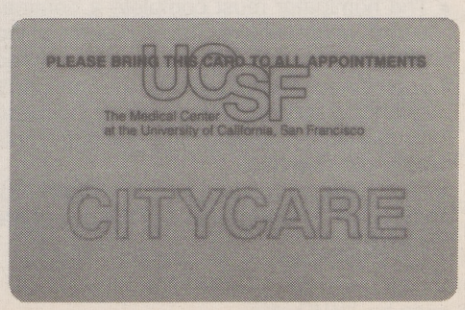
♦ Collection System: Acquire an application system to assist the business office with the follow-up required with payers and insurance companies, as well as to collect payment from individual patients.

♦ Small Projects: Upgrade existing systems or acquire small systems to provide immediate payback for the clinical enterprise.

Medi-Cal *(from page 8)*

noon in Room J 221 at the UCSF/Mount Zion Cancer Center and at 3 p.m. in Room A 326.

Besides learning about new Medi-Cal verification and referral procedures, those who attend the orientation will have an opportunity to hear speakers from Health Net and PacificCare and will receive information on UCSF's Medi-Cal managed care provider panel. Adjacent is the new card that will be handed out to Medi-Cal recipients in UCSF's managed care program, called Citycare.



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UCSF Medsounds

Page 1 ... WWII radiation committee finds patient consent unclear

Page 1 ... UCSF officials ask for continued federal funding

Page 3 ... AIDS researcher Jay Levy gains acclaim

Medsounds is a section of *Newsbreak* for and about employees of the Medical Center, including Moffitt-Long, the ACC, UCSF/Mount Zion and Medical Center employees at Mission Center and Laurel Heights.

Preparing for Medi-Cal managed care

Editor's Note: This is the second of a two-part series on how the Medical Center and the Medical Group are preparing for the state-mandated transition to Medi-Cal managed care.

By LISA CISNEROS

As the state moves to a managed Medi-Cal program, UCSF administrators are assessing the financial and operational impacts the new system will have on the clinical enterprise.

Since Medi-Cal patients currently make up one-quarter of UCSF's total inpatient and outpatient population (see adjacent chart) and contribute significantly to its teaching programs, administrators and physicians must develop an effective way to "manage" these lives as the state moves this population into a HMO model with a capitated, or a fixed monthly reimbursement.

In essence, a whole new budget has to be created to translate how the new managed care Medi-Cal reimbursement rates — 40 percent less than commercial managed care plans such as Health Net — will effect the bottom line. Working together, the Medical Group and Medical Center staff have assessed UCSF's financial performance under the state's new managed care program. The challenge is to manage an initial enrollment of 5,000 Medi-Cal beneficiaries under an annual capitated budget that is about $1 million or 20 percent less than the reimbursement UCSF currently receives under the state's current fee-for-service system.

UCSF should be able to continue to cover the marginal cost of providing this care assuming that Tracy Flanagan, medical director for UCSF's Medi-Cal managed care program, and the physician team are able to manage this care effectively and are successful in reducing inpatient days per 1,000 enrolled lives by one-third, according to Reece Fawley, director of managed care.

Gross Patient Revenue by Patient Class
(Dollars in thousands)

	Inpatient	Outpatient	Total	%
Medi-Cal*	$171,406	54,562	225,968	25
Medicare	204,762	59,788	264,550	30
County	4,874	1,230	6,104	1
Private Insurance	71,479	22,357	93,836	11
Contracts	199,006	55,808	254,814	29
Non-Sponsored	12,602	15,968	28,570	3
Total Patient Revenue	**$664,129**	**$209,713**	$873,842	98
Total Other Operating Revenue**			17,812	2
Gross Operating Revenue			**$891,654**	100

*Significant portion of Medi-Cal revenue not recovered
**This amount includes clinical teaching support, county tobacco tax funds and other operating revenue

Source: 1993-94 Annual Report UCSF Medical Center

director of managed care.

"You don't serve this population to make money," says Fawley. "Our goal is to maintain our current Medi-Cal patient volume in order to continue to fulfill our teaching mission."

And while practicing managed care means physicians will have to change the focus of care they provide to more preventive and outpatient-oriented rather than acute inpatient, they stand to gain from new incentives for a successful transition to Medi-Cal managed care. In this managed care "partnership" between the Medical Center and the Medical Group, the managing physicians will be rewarded for reducing hospital days by providing more preventive care and education including immunizations and early intervention in chronic disease management.

In the end, if the transition to managed care at UCSF goes well, $1 million in annual Medi-Cal payments will shift from the inpatient hospital setting to the outpatient clinics and the Medical Group as an incentive for effectively managing this population's care, Fawley says.

Primary care staff and physicians from ACC, Lakeshore and Mount Zion are strongly encouraged to attend orientation sessions that will last at least one hour. Meeting times and locations for the orientation sessions are as follows: Thursday, March 16, at 8 a.m. and 11:30 a.m. in Room A 326; 2 p.m. in Room A 455 and 5 p.m. in Room MU 506, 7E. On Friday, March 17, meetings will be held at

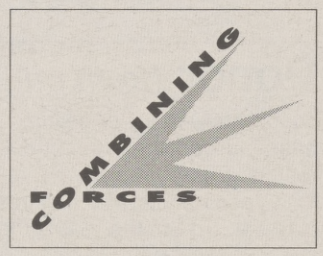
(See **MEDI-CAL** *on page 7)*

UCSF to invest in major information systems upgrade

By LISA CISNEROS

UCSF will invest more than $12 million to upgrade information technology systems to better coordinate communication, integrate health care services and manage costs more efficiently throughout the entire medical system, referred to as the clinical enterprise, administrators announced last week.

The plan to purchase hardware and software and implement new procedures to expand its computer network is designed to improve services to patients and assist computer users alike. It will provide health care professionals with comprehensive, timely and accurate clinical and financial information to support patient care, research and education, say members of the Information Systems Task Force, a team of physicians and administrators who devised the plan.



The "Information Technology Strategic Plan," outlined in a 52-page final report, was approved last week by UCSF's Clinical Executive Board, the policy-making body for the clinical enterprise. That board, which includes members Haile Debas, dean of the School of Medicine, and Bill Kerr, director of the Medical Center, also agreed to give ongoing financial support to enhance these systems as needed.

In an eight-step process to arrive at the final presentation of the plan, the task force evaluated existing technology, conducted a needs assessment and developed a strategy

(See **INFORMATION** *on page 7)*

Nominate now for UCSF/Mount Zion Pearl Award

Nominations are being accepted for the 1995 UCSF/Mount Zion Milton and Helen Pearl Award for Outstanding Service.

Nomination forms are due by noon Friday, Feb. 24, to Jeanne Dean, chair of the selection committee at Box 1616.39 or Room C 136.

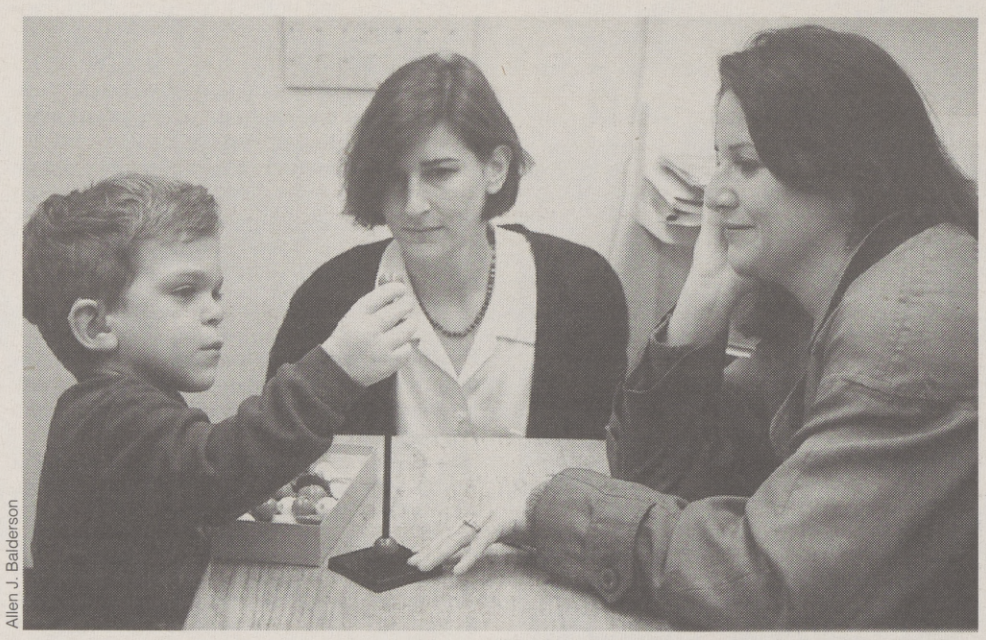
The purpose of the award is to recognize and reward an employee who has demonstrated exceptional willingness to render additional service of consequence to others, including patients, patients' families, physicians and co-workers.

The awardee will be honored at this year's UCSF Founders Day awards ceremony to be held Wednesday, April 19.

Established in 1993 in honor of the late Milton J. Pearl, a longtime surgeon at Mount Zion, the award offers a $1,000 prize funded by the Pearl family.

Eligibility requirements are as follows:

- Current University employee with a minimum of two years service to the UCSF/Mount Zion campus.
- A nominee cannot be a member of the UCSF/Mount Zion Milton and Helen Pearl Award for Outstanding Service Selection Committee, nor a member of the attending medical staff.
- The candidate shall have clearly demonstrated outstanding service above and beyond normal job requirements.
- The nominator must complete a nomination form which requires the signatures of the nominator and two individuals who second the nomination and can attest to the nominee's outstanding service. The nominator must also include a written description of the nominee's outstanding service.
- Nominees from prior years are eligible for nomination. Prior recipients of the award are not eligible.



Allen J. Balderson

Patient Joshua Patton, left, shows his ability to get colored objects on a stick, while Kathy Gear, psychology intern in the Department of Behavioral and Developmental Pediatrics, center, and donor Joan Sutliff look on.

Bone marrow donor meets her match

Half of all children born with Hurler's syndrome die young unless they get bone marrow transplants, but the future looks bright for Joshua Patton.

At age 5, Joshua can look forward to many birthdays to come thanks to Joan Sutliff, 40, of Seattle who donated the life-saving substance through the National Marrow Donor Program (NMDP), a registry and network of centers that help patients suffering from leukemia or other blood diseases find matching volunteer donors for transplants.

Both carrying the recessive gene that gave their children a one in four chance of developing Hurler's syndrome, parents Traci and Patrick Patton of Vallejo discovered their son's only hope for recovery was to find a perfect biological match. The chances of any two unrelated individuals matching vary widely depending on how frequently the individual's antigens are found in the population.

Most donors remain anonymous, but Sutliff requested to meet Joshua. The Pattons, who wanted to meet the woman who saved their son's life, greeted her at UCSF last week while Joshua underwent a myriad of tests before specialists declared he's in good health.

Occuring only once in every 250,000 live births in America, according to Morton Cowan, chief of UCSF's bone marrow transplant program, children with Hurler's syndrome lack the enzyme, alpha iduronidase, that is essential for development and function of hearing, vision, bones and mind.

UCSF continues to participate in a national

(See **DONOR** *on page 7)*

Medical Center, Sutter Health announce referral agreement

By BILL GORDON

UCSF and Sutter Health officials announced an agreement last week under which the UCSF Medical Center will serve as a major referral center for highly specialized medical services for Sutter Health and its affiliates throughout Northern California.

The new contract sets fixed rates for patients referred by Sutter-affiliated physicians to UCSF Medical Center for a range of highly specialized medical treatments and surgical procedures. The agreement allows Sutter affiliates to predict and control costs for patients referred to UCSF for specialty services when those services are not readily or conveniently available from Sutter affiliates.

Sutter Health is a Sacramento-based, not-for-profit health care system on the leading edge of the trend toward developing integrated delivery systems. Comprising 15 hospitals, five medical foundations, and a host of other services, Sutter's 16,800 employees and 3,500 affiliated physicians serve a 21-county region of Northern California.

Among Sutter's affiliated physician organizations is North Coast Faculty Medical Group in Santa Rosa, which administers a 39-physician family practice residency program in collaboration with UCSF and Sonoma County.

"We are delighted to be partners with an organization which has shown leadership in the development of integrated health systems and which values innovation," said Bill Kerr, director of the UCSF Medical Center.

"Managed care competition in California demands that the University and integrated

(See **SUTTER** *on page 7)*